MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034284 STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2654

FILED SEP 4 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4001
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN: JEFFERSON BARRACKS, MO. — Length of stay in 1b: 3 DAYS — Inside Limits: Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL — Inside Limits: Yes X No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: WASHINGTON
c. CITY OR TOWN: RADOM — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: WALTER Middle: JOSEPH Last: BAKER

4. DATE OF DEATH: Month, Day, Year: AUGUST 21, 1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-27-12
9. AGE (last birthday): 50 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: JOSEPH BAKER
13b. MOTHER'S MAIDEN NAME: PELA KUJAWA
14. NAME OF HUSBAND OR WIFE: ----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates o): WW-2
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: LOUIS BAKER, 148 COTTAGE, WEBSTER GROVES, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): DIFFUSE GASTROINTESTINAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): LAENNIC'S CIRRHOSIS — MANY YEARS
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): GENERALIZED ARTERIOSCLEROSIS, OBESITY
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I VA attended the deceased from 8-18-63, to 8-21-63 and last saw him
Death occurred at 12:50 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles P Gauthier M.D.
22b. ADDRESS: VA HOSP. JEFF. BRKS. MO.
22c. DATE SIGNED: 8-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8-21-63
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Ashley, Ill.

24. FUNERAL DIRECTOR ADDRESS: Kringer Funeral Home, Ashley, Ill.
25. DATE RECD. BY LOCAL REG.: 8-22-63
26. REGISTRAR'S SIGNATURE: John G. Mumfley M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harvey Kahle
Signature of Student Embalmer

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.